

STATE OF ILLINOIS  
Department of Children and Family Services

**LICENSING COMPLAINT REPORT**

- I. Complaint received by \_\_\_\_\_ / /  
Name Date
- Type of Contact  
☐ In Person  
☐ Phone  
☐ Correspondence
- Complaint received in licensing \_\_\_\_\_ / /  
Date
- Assigned to \_\_\_\_\_ / /  
Name Date
- Investigation Number \_\_\_\_\_
- II. Information re: child care facility
1. Name \_\_\_\_\_ Facility Type \_\_\_\_\_
2. Address \_\_\_\_\_ Phone \_\_\_\_\_
- III. Nature of Complaint – include information on the following items:
1. Description of incident or situation.
  2. Who saw the incident or situation?
  3. Date and time reported incident occurred – How many times has it been previously observed?
  4. Where did incident occur – location?
  5. Has complaint been previously reported to any authority? If yes, when and to whom?
- IV. Information on Complainant:
1. Name \_\_\_\_\_
2. Address \_\_\_\_\_ Phone \_\_\_\_\_
3. Is complainant willing to be interviewed further? ☐ Yes  
☐ No
- Is complainant willing to testify in subsequent enforcement action? ☐ Yes  
☐ No
4. Relationship of caller with the facility (i.e., parent, neighborhood, teacher, caseworker, etc.)  
\_\_\_\_\_

DCFS is an equal opportunity employer, and prohibits unlawful discrimination in all of its programs and/or services.

\_\_\_\_\_  
Licensing Representative

\_\_\_\_\_  
/ /  
Date